

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 10 PM 12: 27

DOCUMENT # **N31195** (3)

1. Corporation Name

EMERALD COAST REGIONAL MUSTANG CLUB, INCORPORATE
D

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
210 S LORRAINE DR P. O. BOX 4431 MARY ESTHER FL 32569	210 S LORRAINE DR P. O. BOX 4431 MARY ESTHER FL 32569

3. Date Incorporated or Qualified 03/14/1989	3a. Date of Last Report 06/28/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 4431	2a P.O. BOX 4431
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State FORT WALTON BEACH, FL.	27 City & State FORT WALTON BEACH, FL.
24 Zip 32549	29 Zip 32549
25 Country OKALOOSA	30 Country OKALOOSA

5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> XX	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MITCHELL, BARRY S.
941 RIDGEWOOD WAY
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name RON R. SAVOIE
82 Street Address (P.O. Box Number is Not Acceptable) 1110 RITA LANE
83
84 City NICEVILLE
85 Zip Code FL 32578

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ron R. Savoie* DATE **4.4.95**

12. OFFICERS AND DIRECTORS	
TITLE PD	MACNEILL, BARRY S. 941 RIDGEWOOD WAY NICEVILLE FL 32578
TITLE VD	SAVOIE, RONALD R 1110 RITA LANE NICEVILLE FL 32578
TITLE TD	SAVOIE, DONNA K 1110 RITA LANE NICEVILLE FL 32578
TITLE S	ETIENNE, ROBIN 481 SANDY RIDGE CIRCLE MARY ESTHER FL 32569
TITLE E	MACNEILL, DEBBIE 941 RIDGEWOOD WAY NICEVILLE FL 32578
TITLE BM	WOODCOCK, JACK 209 HUDSON CIRCLE NICEVILLE FL 32578

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> XX Change <input type="checkbox"/> Addition
1.2 NAME RON R. SAVOIE (D)	
1.3 STREET ADDRESS 1110 RITA LANE	
1.4 CITY-ST-ZIP NICEVILLE, FL. 32578	
2.1 TITLE VICE-PRESIDENT	<input checked="" type="checkbox"/> XX Change <input type="checkbox"/> Addition
2.2 NAME DAN WIDEMAN (D)	
2.3 STREET ADDRESS 953 McFARLAND AVE. #45	
2.4 CITY-ST-ZIP FT. WALTON BEACH, FL. 32547	
3.1 TITLE TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME SAME AS IN COLUMN 12 (D)	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE SECRETARY	<input checked="" type="checkbox"/> XX Change <input type="checkbox"/> Addition
4.2 NAME ELIZABETH GAINES	
4.3 STREET ADDRESS 406 YANCEY ST.	
4.4 CITY-ST-ZIP FT. WALTON BEACH, FL. 32547	
5.1 TITLE EDITOR	<input checked="" type="checkbox"/> XX Change <input type="checkbox"/> Addition
5.2 NAME ELIZABETH GAINES	
5.3 STREET ADDRESS 406 YANCEY ST.	
5.4 CITY-ST-ZIP FT. WALTON BEACH, FL. 32547	
6.1 TITLE BOARD MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME SAME AS IN COLUMN 12	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ron R. Savoie* DATE **4.4.95** TELEPHONE NUMBER **904-678-1978**